

Idaho Falls Police Department
605 N Capital
Idaho Falls, ID 83402
Records Division
(208) 612-8600
www.idahofallsidaho.gov
Owner Name

Bike Registration Tag _____

Date _____ **Fee / No Fee**

Home Address	City	State	Zip
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Bicycle Description

Type of bike: (circle one) Mt bike Road bike BMX bike

Bike Serial Number _____

Registration Location (Business name or Event Sponsor)

Person filling out registration (printed)

Original: Police Records Copy: Bike Owner

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